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PTO/SB/21 (12/97)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	08/993,104
		Filing Date	December 18, 1997
		First Named Inventor	Scott A. Rosenberg
		Group Art Unit	2774
		Examiner Name	F. Nguyen
Total Number of Pages in This Submission	14	Attorney Docket Number	042390.P5271

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<div style="border: 1px solid black; padding: 5px;">1. Return receipt postcard 2. Check for \$110.00</div>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert A. Diehl, Reg. No. 40,992 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	4/5/00

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on:

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PTO/SB/17 (6/99)

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FEE TRANSMITTAL
for FY 1999

*Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R §§ 1.27 and 1.28.*

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

Attorney Docket Number 042390.P3271

METHOD OF PAYMENT (check one)

- The Commissioner is hereby authorized to charge indicated fees to:
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Account
Name**

Blakely, Sokoloff, Taylor & Zafman LLP

2. Payment Enclosed:
 Check Money
Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	690	201	345	Utility filing fee	
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) **(\\$)**

2. EXTRA CLAIM FEES

Total Claims	-	Claims below	=	Fee Paid
Independent Claims	<input type="text"/>	<input type="text"/> = <input type="text"/>	X <input type="text"/>	<input type="text"/>
Multiple Dependent	<input type="text"/>	<input type="text"/> = <input type="text"/>	X <input type="text"/>	<input type="text"/>

***or number previously paid, if greater. For Reissues, see below*

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple Dependent claim, if not paid
109	78	209	39	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20

SUBTOTAL (3) [] (\$)

SUBMITTED BY

Complete (if applicable)

Type or Printed Name	Robert A. Diehl	Reg. Number	40,992
Signature		Date	4/5/00

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